

Government Exhibit

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1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1999 **OMB No. 1545-0047**

For the year Jan. 1–Dec. 31, 1999, or other tax year beginning 1999, ending

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type.

Your first name and initial **MARK A.** Last name **LOVELY**

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 18. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

IMPORTANT! You must enter your SSN(s) above.

Yes No **None.** Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 18.)

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (your spouse died). ▶ 10 (See page 18.)

Check only one box

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b ☐ Spouse

c **Dependents:**

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) If qualifying child for child tax credit, see page 18. |
|----------------|-----------|--|-------------------------------------|--|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 **000**

8a Taxable interest. Attach Schedule B if required. 8a **000**

9 Ordinary dividends. Attach Schedule B if required. 9

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21). 10

11 Alimony received. 11

12 Business income or loss. Attach Schedule C or C-EZ. 12

13 Capital gain or loss. Attach Schedule D if required. If not required, check here. ☐ 13

14 Other gains or losses. Attach Form 4797. 14

15a Total IRA distributions. 15a **184** b Taxable amount (see page 22). 15b

16a Total pensions and annuities. 16a **184** b Taxable amount (see page 22). 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17

18 Farm income or loss. Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a **200** b Taxable amount (see page 24). 20b

21 Other income. List type and amount (see page 24). 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 **000**

Adjusted Gross Income

23 IRA deduction (see page 26). 23

24 Student loan interest deduction (see page 26). 24

25 Medical savings account deduction. Attach Form 8853. 25

26 Moving expenses. Attach Form 3903. 26

27 One-half of self-employment tax. Attach Schedule SE. 27

28 Self-employed health insurance deduction (see page 28). 28

29 Keogh and self-employed SEP and SIMPLE plans. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid. b Recipient's SSN. ▶ 31a

32 Add lines 23 through 31a. 32

33 Subtract line 32 from line 22. This is your adjusted gross income. 33 **000**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54. Form 1040 (1999)

Form 1040 (1996)

Page 2

Tax and Credits

34 Amount from line 33 (adjusted gross income) 34 0100

35a Check if: ☐ You were 65 or older, ☐ Blind, ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here. 35a 0

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here. 35b ☐

36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent. 36 4300.00

37 Subtract line 36 from line 34. 37 0100

38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter. 38 2750.00

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-. 39 000

40 Tax (see page 31). Check if any tax is from: a ☐ Form(s) 9814 b ☐ Form 4972

41 Credits for child and dependent care expenses. Attach Form 2441. 41

42 Credit for the elderly or the disabled. Attach Schedule R. 42

43 Child tax credit (see page 33). 43

44 Education credits. Attach Form 8863. 44

45 Adoption credit. Attach Form 8833. 45

46 Foreign tax credit. Attach Form 1116 if required. 46

47 Other. Check if from: a ☐ Form 3800 b ☐ Form 6256 c ☐ Form 6801 d ☐ Form (specify) 47

48 Add lines 41 through 47. These are your total credits. 48

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-. 49

Other Taxes

50 Self-employment tax. Attach Schedule SE. 50

51 Alternative minimum tax. Attach Form 6251. 51

52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4131. 52

53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. 53

54 Advance earned income credit payments from Form(s) W-2. 54

55 Household employment taxes. Attach Schedule H. 55

56 Add lines 49 through 55. This is your total tax. 56 000

Payments

57 Federal income tax withheld from Forms W-2 and 1099. 57 3280.28

58 1996 estimated tax payments and amount applied from 1996 return. 58

58a Earned income credit. Attach Sch. EIC if you have a qualifying child. 58a

b Nonrefundable earned income amount. 58b

59 Additional child tax credit. Attach Form 8812. 59

60 Amount paid with request for extension to file (see page 48). 60

61 Excess social security and RRTA tax withheld (see page 48). 61

62 Other payments. Check if from: a ☐ Form 2439 b ☐ Form 4136. 62

63 Add lines 57, 58, 58a, and 60 through 63. These are your total payments. 63

64 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID. 64 3280.28

Refund

65 Amount of line 65 you want REFUNDED TO YOU. 65 3280.28

66a Have it directly deposited? ☐ See page 48 and fill in 66b, 66c, and 66d. 66a

b Routing number: 66b

c Type: ☐ Checking ☐ Savings. 66c

d Account number: 66d

67 Amount of tax 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX. 67

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49. 68

69 Estimated tax penalty. Also include on line 68. 69

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: *[Signature]* Date: 7-28-07 Your occupation: Asst. Mgr. Daytime telephone number (optional):

Spouse's signature: _____ Date: _____ Spouse's occupation: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed ☐ Preparer's SSN or PTIN: _____

Firm's name (or your name if self-employed) and address: _____ EIN: _____ ZIP code: _____

Form 1040 (1996)

| | | | |
|--|--|----------------------------|---------------------------------|
| Form 1040X (Rev. November 2007) | Department of the Treasury—Internal Revenue Service | | C1 |
| | Amended U.S. Individual Income Tax Return | | OMB No. 1545-0074 |
| | ▶ See separate instructions. | | |
| | This return is for calendar year ▶ 2003 , or fiscal year ended ▶ | | |
| Please print or type | Your first name and initial Mark A | Last name Lovely | Your social security number |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 1235 Amy Lee Trail | Apt. no. | Phone number |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. Kernersville, NC 27283-9445 | | |

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No

B Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.

On original return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

| Use Part II on the back to explain any changes | | A. Original amount or as previously adjusted (see page 3) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|---|---|---|---|-------------------|
| Income and Deductions (see instructions) | | | | |
| 1 | Adjusted gross income (see page 3) | 1 36901.00 | (36901.00) | 0 |
| 2 | Itemized deductions or standard deduction (see page 4) | 2 (4750.00) | 0 | (4750.00) |
| 3 | Subtract line 2 from line 1 | 3 32151.00 | (32151.00) | 0 |
| 4 | Exemptions. If changing, fill in Parts I and II on the back (see page 4) | 4 (3050.00) | 0 | (3050.00) |
| 5 | Taxable income. Subtract line 4 from line 3 | 5 29101.00 | (29101.00) | 0 |
| Tax Liability | 6 Tax (see page 5). Method used in col. C | 6 4091.00 | (4091.00) | 0 |
| | 7 Credits (see page 5) | 7 | | |
| | 8 Subtract line 7 from line 6. Enter the result but not less than zero | 8 4091.00 | (4091.00) | 0 |
| | 9 Other taxes (see page 5) | 9 | | |
| 10 | Total tax. Add lines 8 and 9 | 10 4091.00 | (4091.00) | 0 |
| Payments | 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | 11 2573.30 | 0 | 2573.30 |
| | 12 Estimated tax payments, including amount applied from prior year's return | 12 | | |
| | 13 Earned income credit (EIC) | 13 | | |
| | 14 Additional child tax credit from Form 8812 | 14 | | |
| | 15 Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable) | 15 | | |
| | 16 Amount paid with request for extension of time to file (see page 5) | 16 | | |
| 17 | Amount of tax paid with original return plus additional tax paid after it was filed | 17 | | |
| 18 | Total payments. Add lines 11 through 17 in column C | 18 | | 2573.30 |
| Refund or Amount You Owe | | | | |
| 19 | Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 19 | | |
| 20 | Subtract line 19 from line 18 (see page 6) | 20 | | |
| 21 | Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | 21 | | |
| 22 | If line 10, column C, is less than line 20, enter the difference | 22 | | |
| 23 | Amount of line 22 you want refunded to you | 23 | | 2573.30 |
| 24 | Amount of line 22 you want applied to your estimated tax | 24 | | |

**Sign
Here**

Joint return?
See page 2.
Keep a copy for
your records.

**Paid
Preparer's
Use Only**

Under penalties of perjury, I declare that I have filed an original return and the **copy** of this amended return, including accompanying schedules, worksheets, and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Spouse's signature. If a joint return, both must sign.

Date _____

Check if self-employed

Preparer's SSN or PTIN

Ein

87-071509

RECEIVED

JUL 07 2010

FRP 303

Form **1040X**

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

(Rev. November 2007)

See separate instructions.

OMB No. 1545-0073

This return is for calendar year **2004**

or fiscal year ended

| | | | |
|----------------------|---|----------------------------|---------------------------------|
| Please print or type | Your first name and initial Mark A | Last name Lovely | Your social security number |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 1235 Amy Lee Trail | | Apt. no. Phone number |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. Kemersville, NC 27283-9445 | | |

- A** If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No
- B** Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.
- On original return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
- On this return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes

| Income and Deductions (see instructions) | | A. Original amount or as previously adjusted (see page 3) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|--|--|---|---|-------------------|
| 1 | Adjusted gross income (see page 3) | 40675.00 | (40675.00) | 0 |
| 2 | Itemized deductions or standard deduction (see page 4) | (4850.00) | 0 | (4850.00) |
| 3 | Subtract line 2 from line 1 | 35825.00 | (35825.00) | 0 |
| 4 | Exemptions. If changing, fill in Parts I and II on the back (see page 4) | (3100.00) | 0 | (3100.00) |
| 5 | Taxable income. Subtract line 4 from line 3 | 32725.00 | (32725.00) | 0 |
| 6 | Tax (see page 5). Method used in col. C | 4919.00 | (4919.00) | 0 |
| 7 | Credits (see page 5) | | | |
| 8 | Subtract line 7 from line 6. Enter the result but not less than zero | 4919.00 | (4919.00) | 0 |
| 9 | Other taxes (see page 5) | | | |
| 10 | Total tax. Add lines 8 and 9 | 4919.00 | (4919.00) | 0 |
| 11 | Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | 3110.07 | 0 | 3110.07 |
| 12 | Estimated tax payments, including amount applied from prior year's return | | | |
| 13 | Earned income credit (EIC) | | | |
| 14 | Additional child tax credit from Form 8801 | | | |
| 15 | Credits: Federal telephone excise tax from Forms 2439, 4138, 8885, or 8801 (if refundable) | | | |
| 16 | Amount paid with request for extension of time to file (see page 5) | | | |
| 17 | Amount of tax paid with original return plus additional tax paid after it was filed | | | |
| 18 | Total payments. Add lines 11 through 17 in column C | | | 3110.07 |

Refund or Amount You Owe

- 19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS
- 20 Subtract line 19 from line 18 (see page 6)
- 21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6
- 22 If line 10, column C, is less than line 20, enter the difference
- 23 Amount of line 22 you want refunded to you
- 24 Amount of line 22 you want applied to your estimated tax

Sign Here

Joint return? See page 2. Keep a copy for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Your signature *[Signature]* Date *7-30-09*

Spouse's signature, if a joint return, both must sign. Date

Preparer's signature *[Signature]* Date

Firm's name (or yours if self-employed), address, and ZIP code

Check if self-employed ☐

Preparer's SSN or PTIN

Phone no. ()

387-071509

RECEIVED

DEC 28 2009

FRP 303

Form 1040X Department of the Treasury—Internal Revenue Service
Amended U.S. Individual Income Tax Return
(Rev. November 2007) ▶ See separate instructions.

OMB No. 1545-0074

This return is for calendar year ▶ 2005, or fiscal year ended ▶

Mark A. Last name **Lovely** Your social security number
If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (no. and street) or P.O. box if mail is not delivered to your home Apt. no. Phone number
1235 Amy Lee Trail

City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions.
Kernersville, NC 27284

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No

B Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.
On original return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
On this return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes **7809**

| | A. Original amount or as previously adjusted (see page 3) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|---|---|---|-------------------|
| Income and Deductions (see instructions) | | | |
| 1 Adjusted gross income (see page 3) | 1 29500.00 | (29500.00) | 0 |
| 2 Itemized deductions or standard deduction (see page 4) | 2 (5000.00) | 0 | (5000.00) |
| 3 Subtract line 2 from line 1 | 3 24500.00 | (24500.00) | 0 |
| 4 Exemptions. If changing, fill in Parts I and II on the back (see page 4) | 4 (3200.00) | 0 | (3200.00) |
| 5 Taxable income. Subtract line 4 from line 3 | 5 21300.00 | (21300.00) | 0 |
| Tax Liability | | | |
| 6 Tax (see page 5). Method used in col. C | 6 2834.00 | (2834.00) | 0 |
| 7 Credits (see page 5) | 7 | | |
| 8 Subtract line 7 from line 6. Enter the result but not less than zero | 8 2834.00 | 2834.00 | 0 |
| 9 Other taxes (see page 5) | 9 | | |
| 10 Total tax. Add lines 8 and 9 | 10 2834.00 | 2834.00 | 0 |
| Payments | | | |
| 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | 11 1475.37 | 0 | 1475.37 |
| 12 Estimated tax payments, including amount applied from prior year's return | 12 | | |
| 13 Earned income credit (EIC) | 13 | | |
| 14 Additional child tax credit from Form 8812 | 14 | | |
| 15 Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable) | 15 | | |
| 16 Amount paid with request for extension of time to file (see page 5) | 16 | | |
| 17 Amount of tax paid with original return plus additional tax paid after it was filed | 17 | | |
| 18 Total payments. Add lines 11 through 17 in column C | 18 | | 1475.37 |
| Refund or Amount You Owe | | | |
| 19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 19 | | |
| 20 Subtract line 19 from line 18 (see page 6) | 20 | | |
| 21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | 21 | | |
| 22 If line 10, column C, is less than line 20, enter the difference | 22 | | |
| 23 Amount of line 22 you want refunded to you | 23 | | 1475.37 |
| 24 Amount of line 22 you want applied to your estimated tax | 24 | | |

Sign Here
Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records.

Your signature *[Signature]* Date *7-3-09*

Spouse's signature, if a joint return, both must sign. Date

Preparer's signature *[Signature]* Date

Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (for yours if self-employed), address, and ZIP code

EIN

Phone no. ()

387-071509

Form **1040**

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. December 2011)

▶ See separate instructions.

This return is for calendar year ☐ 2011 ☐ 2010 ☐ 2009 ☐ 2008Other year. Enter one: calendar year 2005 or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1235 Amy Lee Trl

Apt. no.

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
HERNERSVILLE, NC 27289

Foreign country name

Foreign province/county

Foreign postal code

RECEIVED**Amended return filing status.** You must check one box even if you are not changing your filing status.**Caution.** You cannot change your filing status from joint to separate returns after the due date.☒ Single ☐ Married filing jointly ☐ Married filing separately☐ Qualifying widow(er) ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

FEB 14 2013

FRP 306

Use Part III on the back to explain any changes

Income and Deductions

| | A. Original amount or as previously adjusted (see instructions) | B. Net change—amount of increase or (decrease)—explain in Part III | C. Correct amount |
|---|---|--|-------------------|
| 1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here <u>2500</u> <input type="checkbox"/> | 1 0.00 | 0.00 | 0.00 |
| 2 Itemized deductions or standard deduction <u>1500</u> | 2 1500 | 500 | 0.00 |
| 3 Subtract line 2 from line 1 | 3 0.00 | 0.00 | 0.00 |
| 4 Exemptions. If changing, complete Part I on the back and enter the amount from line 30 <u>3200</u> | 4 3200 | 3200 | 0.00 |
| 5 Taxable income. Subtract line 4 from line 3 <u>1300</u> | 5 1300 | | |

Tax Liability

| | | | |
|--|---------|------|------|
| 6 Tax. Enter method used to figure tax: | 6 0.00 | 0.00 | 0.00 |
| 7 Credits. If general business credit carryback is included, check here <u>CCSC</u> <input type="checkbox"/> | 7 | | |
| 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- | 8 0.00 | 0.00 | 0.00 |
| 9 Other taxes <u>2843</u> | 9 0.00 | 0.00 | 0.00 |
| 10 Total tax. Add lines 8 and 9 | 10 0.00 | 0.00 | 0.00 |

Payments

| | | | |
|--|------------|---------|---------|
| 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) | 11 1475.57 | 781.51 | 2256.88 |
| 12 Estimated tax payments, including amount applied from prior year's return | 12 | | |
| 13 Earned income credit (EIC) | 13 | | |
| 14 Refundable credits from <input type="checkbox"/> Schedule M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify): <u>Operations KCSPC</u> | 14 | | |
| 15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed | 15 | | |
| 16 Total payments. Add lines 11 through 15 | 16 | 2256.88 | |

Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)

| | | | |
|---|------------|--|--|
| 17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS. | 17 1475.57 | | |
| 18 Subtract line 17 from line 16 (If less than zero, see instructions) | 18 771.51 | | |
| 19 Amount you owe. If line 10, column C, is more than line 18, enter the difference | 19 | | |
| 20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return | 20 771.51 | | |
| 21 Amount of line 20 you want refunded to you | 21 771.51 | | |
| 22 Amount of line 20 you want applied to your (enter year): <u>09 27 2012</u> estimated tax | 22 | | |

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

007182012

Form 1040X (Rev. 12-2011)

INTERNAL REVENUE SERVICE
KANSAS CITY, MO
FRIV PENALTY ASSESSEDCOLLECTIONS 07
FRESNO COMPLIANCE CENTER

Form 1040X (Rev. 12-2011)

Page 2

Part I Exemptions

Complete this part only if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

| | A. Original number of exemptions or amount reported or as previously adjusted | B. Net change | C. Correct number or amount |
|---|---|---------------|-----------------------------|
| 23 Yourself and spouse. Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself | 23 1 | (1) | 0 |
| 24 Your dependent children who lived with you | 24 0 | 0 | 0 |
| 25 Your dependent children who did not live with you due to divorce or separation | 25 0 | 0 | 0 |
| 26 Other dependents | 26 0 | 0 | 0 |
| 27 Total number of exemptions. Add lines 23 through 26 | 27 1 | (1) | 0 |
| 28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending | 28 (3200) | 3200 | 0.00 |
| 29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009 | 29 | | |
| 30 Add lines 28 and 29. Enter the result here and on line 4 of page 1 of this form | 30 (3200) | 3200 | 0.00 |
| 31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions. | | | |

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check box if qualifying child for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.


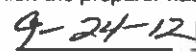
▶ Attach any supporting documents and new or changed forms and schedules.

I HAD ONLY INCLUDED THE AMOUNTS WITHHELD FROM ONLY ONE PAYER AND HAVE NOW INCLUDED ALL AMOUNTS FROM ALL PAYERS, SEE FORMS 4852 ATTACHED.

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.


 Your signature
 
 Date
 Spouse's signature. If a joint return, both must sign.
 Date

Paid Preparer Use Only

Preparer's signature
 Date
 Firm's name (or yours if self-employed)

Print/type preparer's name

Firm's address and ZIP code

☐ Check if self-employed

PTIN

Phone number

EIN

Form **1040X**
(Rev. November 2007)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

This return is for calendar year **2006** or fiscal year ended **▶**

| | | | |
|----------------------|---|----------------------------|---------------------------------|
| Please print or type | Your first name and initial Mark A. | Last name Lovely | Your social security number |
| | If a joint return, spouse's first name and initial | Last name | spouse's social security number |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 1235 Amy Lee Trail | | Apt. no. |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. Kernersville, NC 27284 | | Phone number |

- A** If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No
- B** Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.
- On original return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
- On this return ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes

| Income and Deductions (see instructions) | | A. Original amount or as previously adjusted (see page 3) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|--|--|---|---|-------------------|
| 1 | Adjusted gross income (see page 3) | 51,535.00 | (51,535.00) | 0 |
| 2 | Itemized deductions or standard deduction (see page 4) | (5,150.00) | 0 | (5,150.00) |
| 3 | Subtract line 2 from line 1 | 46,385.00 | (46,385.00) | 0 |
| 4 | Exemptions. If changing, fill in Parts I and II on the back (see page 4) | (3,300.00) | 0 | (3,300.00) |
| 5 | Taxable income. Subtract line 4 from line 3 | 43,085.00 | (43,085.00) | 0 |
| 6 | Tax (see page 5). Method used in col. C | 7,326.00 | (7,326.00) | 0 |
| 7 | Credits (see page 5) | | | |
| 8 | Subtract line 7 from line 6. Enter the result but not less than zero | 7,326.00 | (7,326.00) | 0 |
| 9 | Other taxes (see page 5) | 1,013.50 | (1,013.50) | 0 |
| 10 | Total tax. Add lines 8 and 9 | 8,339.50 | (8,339.50) | 0 |
| 11 | Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | 4,511.78 | 0 | 4,511.78 |
| 12 | Estimated tax payments, including amount applied from prior year's return | | | |
| 13 | Earned income credit (EIC) | | | |
| 14 | Additional child tax credit from Form 8812 | | | |
| 15 | Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable) | | | |
| 16 | Amount paid with request for extension of time to file (see page 5) | | | |
| 17 | Amount of tax paid with original return plus additional tax paid after it was filed | | | |
| 18 | Total payments. Add lines 11 through 17 in column C | | | 4,511.78 |
| 19 | Overpayment, if any, as shown on original return or as previously adjusted by the IRS | | | |
| 20 | Subtract line 19 from line 18 (see page 6) | | | |
| 21 | Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | | | |
| 22 | If line 10, column C, is less than line 20, enter the difference | | | |
| 23 | Amount of line 22 you want refunded to you | | | |
| 24 | Amount of line 22 you want applied to your estimated tax | | | 4,511.78 |

Sign Here

Joint return? See page 2. Keep a copy for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid Preparer's Use OnlyPreparer's signature
Firm's name (or yours if self-employed), address, and ZIP code

Date

Spouse's signature, if a joint return, both must sign.

Date

Check if self-employed ☐

Preparer's SSN or PTIN

EIN

Phone no.

RECEIVED

DEC 28 2009

FRP 303

Form
10

Department of the Treasury Internal Revenue Service

Income Tax Return for Single and
Joint Filers With No Dependents

2010

OMB No. 1545-0074

Name
Address
and SSNSee separate
instructions.Presidential
Election
Campaign
(see page 9)

CLEARLY

Your first name and initial

MARK A.

Last name

LOVELY

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

1235 AMY LEE TRL.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

KERNERSVILLE, NC 27284

Your social security number

Spouse's social security number

Make sure the SSN(s)
above are correct.Checking a box below will not
change your tax or refund.Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . . ☐ You ☐ Spouse

Income

Attach
Form(s) W-2
here.Enclose, but do
not attach, any
payment.You may be
entitled to a larger
deduction if you
file Form 1040A or
1040. See *Before
You Begin* on
page 4.Payments,
Credits,
and Tax

Refund

Have it directly
deposited! See
page 18 and fill in
12b, 12c,
and 12d or
Form 8888.Amount
You OweThird Party
DesigneeSign
HereJoint return? See
page 6.Keep a copy for
your records.Paid
Preparer
Use Only

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 36.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.
Attach your Form(s) W-2.

1

0

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

0

3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11).

3

0

4 Add lines 1, 2, and 3. This is your adjusted gross income.

4

0

5 If someone can claim you (or your spouse if a joint return) as a dependent, check
the applicable box(es) below and enter the amount from the worksheet on back.☐ You☐ SpouseIf no one can claim you (or your spouse if a joint return), enter \$9,350 if single;
\$18,700 if married filing jointly. See back for explanation.

5

0

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your taxable income.

6

0

7 Federal income tax withheld from Form(s) W-2 and 1099.

7

9656

46

8 Making work pay credit (see worksheet on back).

8

0

9a Earned income credit (EIC) (see page 13).

9a

0

b Nontaxable combat pay election.

9b

0

10 Add lines 7, 8, and 9a. These are your total payments and credits.

10

9656

46

11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27
through 35 of the instructions. Then, enter the tax from the table on this line.

11

0

12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund.
If Form 8888 is attached, check here.

12a

9656

46

b Routing number

JUL 08 2014

c Type: ☐ Checking ☐ Savings

d Account number

FRP 303

13 If line 11 is larger than line 10, subtract line 10 from line 11. This is
the amount you owe. For details on how to pay, see page 19.

13

Do you want to allow another person to discuss this return with the IRS (see page 20)? ☐ Yes. Complete the following. ☒ NoDesignee's
namePhone
no.Personal identification
number (PIN)

[] [] [] []

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based
on all information of which the preparer has any knowledge.

Your signature

[Signature]

Date

2-11-11

Your occupation

MECHANIC

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's address

Firm's EIN

Phone no.

RECEIVED

JUN 24 2014

IN FRP Cat. No. 1329W

Form 1040EZ (2010)

**Worksheet
for Line 5 —
Dependents
Who Checked
One or Both
Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

- A. Amount, if any, from line 1 on front 300.00 Enter total ▶ A. _____
- B. Minimum standard deduction B. 950.00
- C. Enter the **larger** of line A or line B here C. _____
- D. Maximum standard deduction. If **single**, enter \$5,700; if **married filing jointly**, enter \$11,400 D. _____
- E. Enter the **smaller** of line C or line D here. This is your standard deduction E. _____
- F. Exemption amount. } F. _____
- If single, enter -0-.
 - If married filing jointly and —
 - both you and your spouse can be claimed as dependents, enter -0-.
 - only one of you can be claimed as a dependent, enter \$3,650.
- G. Add lines E and F. Enter the total here and on line 5 on the front G. _____

(keep a copy for
your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$9,350. This is the total of your standard deduction (\$5,700) and your exemption (\$3,650).
- Married filing jointly, enter \$18,700. This is the total of your standard deduction (\$11,400), your exemption (\$3,650), and your spouse's exemption (\$3,650).

**Worksheet
for Line 8 —
Making Work
Pay Credit**

Before you begin: ✓ If you can be claimed as a dependent on someone else's return, you do not qualify for this credit.
 ✓ If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

Use this
worksheet to
figure the amount
to enter on line 8
if you **cannot** be
claimed as a
dependent on
another person's
return.

- 1a. **Important.** See the instructions on page 12 if (a) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (b) your wages include pay for work performed while an inmate in a penal institution, or (c) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.
 Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?
☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
☐ **No.** Enter your earned income (see instructions) 1a. _____
- b. Nontaxable combat pay included on line 1a (see instructions) 1b. _____
2. Multiply line 1a by 6.2% (.062) 2. _____
3. Enter \$400 (\$800 if married filing jointly) 3. _____
4. Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) 4. _____
5. Enter amount from Form 1040EZ, line 4 (on front) 5. _____
6. Enter \$75,000 (\$150,000 if married filing jointly) 6. _____
7. Is the amount on line 5 more than the amount on line 6?
☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
☐ **Yes.** Subtract line 6 from line 5. 7. _____
8. Multiply line 7 by 2% (.02) 8. _____
9. Subtract line 8 from line 4. If zero or less, enter -0- 9. _____
10. Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).
☐ **No.** Enter -0- on line 10 and go to line 11.
☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly). 10. _____
11. **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040EZ, line 8. 11. _____

(keep a copy for
your records)

**Mailing
Return**

Mail your return by **April 18, 2011**. Mail it to the address shown on the last page of the instructions.

AMTAD
25

6721672

0920712620920-2

Department of the Treasury—Internal Revenue Service

Form
1040EZIncome Tax Return for Single and
Joint Filers With No Dependents (99)

2011

OMB No. 1545-0074

| | | | | | |
|---|--|-------------------------|--|---|--|
| Your first name and initial Mark | | Last name Lovely | | Your social security number | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 1235 Amylee Trail | | | | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kernersville, North Carolina 27284 | | | | ▲ Make sure the SSN(s) above are correct. | |
| Foreign country name | | Foreign province/county | | Foreign postal code | |

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Income

Attach
Form(s) W-2
here.Enclose, but do
not attach, any
payment.

| | | | |
|-----|---|--|---------|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 0.00 |
| 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 0.00 |
| 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | 0.00 |
| 4 | Add lines 1, 2, and 3. This is your adjusted gross income. | 4 | 0.00 |
| 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,500 if single; \$19,000 if married filing jointly. See back for explanation. | 5 | 0.00 |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. | 6 | 0.00 |
| 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 7209.99 |
| 8a | Earned income credit (EIC) (see instructions). | 8a | |
| b | Nontaxable combat pay election. | 8b | |
| 9 | Add lines 7 and 8a. These are your total payments and credits. | 9 | 7209.99 |
| 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 0.00 |
| 11a | If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/> | 11a | 7209.99 |
| b | Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number | | |
| 12 | If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see instructions. | 12 | |


Payments,
Credits,
and Tax

Refund

Have it directly
deposited! See
instructions and
fill in 11b, 11c,
and 11d or
Form 8888.Amount
You OweThird Party
DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ NoDesignee's name Phone no. Personal identification number (PIN) Sign
Here

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See
instructions.Keep a copy for
your records.

| | | | |
|---|-----------------|-----------------------------|--|
| Your signature  | Date 4-13-12 | Your occupation mechanic | Daytime phone number 339-423-8753 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |

Paid
Preparer
Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | | | |
| Firm's address | Phone no. | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form 1040EZ (2011)

RECD IN FRP
M/S 4390

JUN 27 2012

Department of the Treasury—Internal Revenue Service
Form 1040EZ **Income Tax Return for Single and Joint Filers With No Dependents** (99) **2012**

OMB No. 1545-0074

| | | | | | |
|---|--|-------------------------------|--|---|--|
| Your first name and initial Mark A. | | Last name Lovely | | Your social security number | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 1235 Amylee Trail | | | | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kemersville, NC 27284 | | | | Make sure the SSN(s) above are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

| | | | | |
|----------|---|----------|----------|-----------|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 0 | 00 |
| 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 0 | 00 |
| 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | 0 | 00 |
| 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 0 | 00 |
| 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,750 if single; \$19,500 if married filing jointly. See back for explanation. | 5 | 0 | 00 |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 0 | 00 |

Payments, Credits, and Tax

| | | | | |
|-----------|---|-----------|-------------|-----------|
| 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 1693 | 09 |
| 8a | Earned income credit (EIC) (see instructions). | 8a | 0 | 00 |
| b | Nontaxable combat pay election. | 8b | | |
| 9 | Add lines 7 and 8a. These are your total payments and credits . | 9 | 1693 | 09 |
| 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 0 | 00 |

Refund

Have it directly deposited! See instructions and fill in 11b, 11c, and 11d or Form 8888.

| | | | | |
|------------|--|------------|--|-----------|
| 11a | If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/> | 11a | 1698 | 09 |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number | | | |

Amount You Owe

| | | | | |
|-----------|--|-----------|--|--|
| 12 | If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see instructions. | 12 | | |
|-----------|--|-----------|--|--|

Third Party Designee

| | | |
|---|-----------|--------------------------------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No | | |
| Designee's name | Phone no. | Personal identification number (PIN) |

Sign Here

Joint return? See instructions.

Keep a copy for your records.

| | | | |
|--|------|---------------------|---|
| Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | | | |
| Firm's address | Phone no. | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form **1040EZ** (2012)

FRP 303 APR 02 2014

1040EZ

Income Tax Return for Single and
Joint Filers With No Dependents

2013

OMB No. 1545-0074

| | | | | | |
|--|--|-------------------------------|--|---------------------------------|--|
| Your first name and initial MARK A. | | Last name Lovely | | Your social security number | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 1235 ANYLEE TRAIL | | | | Apt. no. | ▲ Make sure the SSN(s) above are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). KEVINCRVILLE, NC 27284 | | | | | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

| | | | | |
|---|-----|--|-----|--|
| Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. | 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 000 |
| | 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 000 |
| | 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | | 000 |
| | 4 | Add lines 1, 2, and 3. This is your adjusted gross income. | 4 | 000 |
| | 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,000 if single, \$20,000 if married filing jointly. See back for explanation. | 5 | 000 |
| Payments, Credits, and Tax | 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. | 6 | 000 |
| | 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 3892 70 |
| | 8a | Earned income credit (EIC) (see instructions). | 8a | 000 |
| | b | Nontaxable combat pay election. 8b | | |
| | 9 | Add lines 7 and 8a. These are your total payments and credits. | 9 | 3892 70 |
| Refund Have it directly deposited! See instructions and fill in 11b, 11c, and 11d or Form 8888. | 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 200 |
| | 11a | If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/> | 11a | 3892 70 |
| | b | Routing number <input type="text"/> | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Amount You Owe | d | Account number <input type="text"/> | | |
| | 12 | If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see instructions. | 12 | |

| | | | |
|-----------------------------|---|--------------------------------------|--|
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No | | |
| Designee's name | Phone no. | Personal identification number (PIN) | |

| | | | | |
|--|--|-----------------------|--|--|
| Sign Here Joint return? See instructions. Keep a copy for your records. | Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. | | | |
| | Your signature [Signature] | Date 2-3-14 | Your occupation AIRCRAFT MAINTENANCE | Daytime phone number 336-601-4641 |
| Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form 1040EZ (2013)

Considered in
Examination

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2013. If you were born on January 1, 1949, you are considered to be age 65 at the end of 2013.
- You do not claim any dependents. For information on dependents, see Pub. 501.
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use the TeleTax topics listed under *Adjustments to Income* at www.irs.gov/taxtopics (see instructions).
- The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the TeleTax topics listed under *Tax Credits* at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for Line 5 — Dependents Who Checked One or Both Boxes

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

| | | | | |
|--|---|--------|---------------|------------------|
| A. Amount, if any, from line 1 on front | + | 350.00 | Enter total ▶ | A. _____ |
| B. Minimum standard deduction | | | | B. <u>1,000.</u> |
| C. Enter the larger of line A or line B here | | | | C. _____ |
| D. Maximum standard deduction. If single , enter \$6,100; if married filing jointly , enter \$12,200 | | | | D. _____ |
| E. Enter the smaller of line C or line D here. This is your standard deduction | | | | E. _____ |
| F. Exemption amount. | | | | F. _____ |
| • If single, enter -0-. | | | | |
| • If married filing jointly and — | | | | |
| —both you and your spouse can be claimed as dependents, enter -0-. | | | | |
| —only one of you can be claimed as a dependent, enter \$3,900. | | | | |
| G. Add lines E and F. Enter the total here and on line 5 on the front | | | | G. _____ |

(keep a copy for your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,000. This is the total of your standard deduction (\$6,100) and your exemption (\$3,900).
- Married filing jointly, enter \$20,000. This is the total of your standard deduction (\$12,200), your exemption (\$3,900), and your spouse's exemption (\$3,900).

Mailing Return

Mail your return by April 15, 2014. Mail it to the address shown on the last page of the instructions.





Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-03-2018

Response Date: 09-03-2018

Tracking Number: 100406768204

Tax Return Transcript

SSN Provided:

Tax Period Ending: Dec. 31, 2014

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:

SPOUSE SSN:

NAME(S) SHOWN ON RETURN: MARK A LOVELY

ADDRESS: 1235 ANYLEE TRL
KERNERSVILLE, NC 27284-9445-357

| | |
|-------------------|---------------|
| FILING STATUS: | Single |
| FORM NUMBER: | 1040EZ |
| CYCLE POSTED: | 20151905 |
| RECEIVED DATE: | Apr. 15, 2015 |
| REMITTANCE: | \$0.00 |
| EXEMPTION NUMBER: | 1 |
| PTIN: | |
| PREPARER EIN: | |

Income

| | |
|----------------------------------|-------------|
| WAGES, SALARIES, TIPS, ETC:..... | \$58,590.00 |
| TAXABLE INTEREST INCOME:..... | \$0.00 |
| TAX-EXEMPT INTEREST:..... | \$0.00 |
| UNEMPLOYMENT COMPENSATION:..... | \$0.00 |

Adjustments to Income

| | |
|--|-------------|
| ADJUSTED GROSS INCOME:..... | \$0.00 |
| ADJUSTED GROSS INCOME PER COMPUTER:..... | \$58,590.00 |
| DEPENDENT ON ANOTHER TP:..... | NO |
| FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:..... | \$10,150.00 |

Tax and Credits

TAXABLE INCOME:.....\$0.00
 TAXABLE INCOME PER COMPUTER:.....\$48,440.00

Other Taxes

TOTAL TAX LIABILITY TP FIGURES:.....\$0.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$7,963.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$4,433.30
 OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
 EARNED INCOME CREDIT:.....\$0.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....0
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
 TOTAL PAYMENTS:.....\$4,433.30
 TOTAL PAYMENTS PER COMPUTER:.....\$4,433.30

Refund or Amount Owed

REFUND AMOUNT:.....\$-4,433.30
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-4,433.30
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$3,529.70
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....0
 THIRD PARTY DESIGNEE NAME:.....

This Product Contains Sensitive Taxpayer Data

117
Form
1040EZ

Consolidated FRP
Department of the Treasury—Internal Revenue Service

Income Tax Return for Single and
Joint Filers With No Dependents (99)

2015

OMB No. 1545-0074

8920721208703-6
Page 1 of 18

0920711439816-6

| | | | | | |
|---|--|-------------------------------|--|---|--|
| Your first name and initial Mark A | | Last name Lovely | | Your social security number | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 1235 Amylee Trail | | | | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kernersville, NC 27284 | | | | Make sure the SSN(s) above are correct. | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

| | | | | |
|---|--|---|--------|----|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 0 | 00 |
| 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 0 | 00 |
| 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | 0 | 00 |
| 4 | Add lines 1, 2, and 3. This is your adjusted gross income. | 4 | 0 | 00 |
| 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,300 if single; \$20,600 if married filing jointly. See back for explanation. | 5 | 10,300 | 00 |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. | 6 | 0 | 00 |

Payments, Credits, and Tax

| | | | | |
|----|---|----|------|----|
| 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 6489 | 68 |
| 8a | Earned income credit (EIC) (see instructions) | 8a | 0 | 00 |
| b | Nontaxable combat pay election. | 8b | | |
| 9 | Add lines 7 and 8a. These are your total payments and credits. | 9 | 6489 | 68 |
| 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 0 | 00 |
| 11 | Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 11 | 0 | 00 |
| 12 | Add lines 10 and 11. This is your total tax. | 12 | 0 | 00 |

Refund

Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.

| | | | | |
|-----|--|-----|--|----|
| 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 6489 | 68 |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number | | | |

Amount You Owe

| | | | | |
|----|--|----|--|--|
| 14 | If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe. For details on how to pay, see instructions. | 14 | | |
|----|--|----|--|--|

Third Party Designee

| | | |
|--|-----------|--------------------------------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No | | |
| Designee's name | Phone no. | Personal identification number (PIN) |

Sign Here

Joint return? See instructions.

Keep a copy for your records.

| | | | |
|--|------|---------------------|---|
| Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and on all information of which the preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|-----------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | Phone no. | | |
| Firm's address | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form 1040EZ (2015)

JUN 07 2016

FRP 607

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Reviewed
11/1/16

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0920711245726-7

Form
1040EZ

Department of the Treasury—Internal Revenue Service
**Income Tax Return for Single and
Joint Filers With No Dependents (99)**

2016

OMB No. 1545-0074

| | | | |
|---|--|-------------------------------------|---|
| Your first name and initial Mark A | | Last name Lovely | Your social security number |
| If a joint return, spouse's first name and initial | | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 1235 Amylee Trail | | Apt. no. | ▲ Make sure the SSN(s) above are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kernersville, NC 27284 | | | |
| Foreign country name | | Foreign province/state/country 3 | Foreign postal code |

| | | | | | |
|--|-----|--|-----|--|----|
| Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. | 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 0 | 00 |
| | 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 0 | 00 |
| | 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | 0 | 00 |
| | 4 | Add lines 1, 2, and 3. This is your adjusted gross income. | 4 | 0 | 00 |
| | 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if single; \$20,700 if married filing jointly. See back for explanation. | 5 | | |
| | 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. | 6 | 0 | 00 |
| | 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 3064 | 28 |
| | 8a | Earned income credit (EIC) (see instructions) | 8a | | |
| | 8b | Nontaxable combat pay election. | 8b | | |
| | 9 | Add lines 7 and 8a. These are your total payments and credits. | 9 | 3064 | 28 |
| Payments, Credits, and Tax | 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | | |
| | 11 | Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 11 | | |
| | 12 | Add lines 10 and 11. This is your total tax. | 12 | | |
| | 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 2064 | 28 |
| Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888. | b | Routing number <input type="text"/> | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| | d | Account number <input type="text"/> | | | |
| Amount You Owe | 14 | If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe. For details on how to pay, see instructions. | 14 | | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

| | | |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

Sign Here Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | | |
|--|--|----------------|-----------------------------|---|
| Joint return? See instructions. Keep a copy for your records. | Your signature | Date 4-4-17 | Your occupation Mechanic | Daytime phone number 536-601-4641 |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | | Phone no. | |
| Firm's address | | | | |